

# PHILADELPHIA MEDICAL TIMES.

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## ORIGINAL COMMUNICATIONS.

### PLACENTA PRÆVIA, WITH A CASE.

BY S. J. RADCLIFFE, M.D.,

Member of the American Medical Association, etc.

**PLACENTA PRÆVIA** is one of those accidents incident to puerperal women, that may rightly be dreaded by both practitioner and patient, since its very rarity prevents the ordinary practitioner from becoming familiar with it. The only obstetric horror that can compare with it is convulsions; and these, anæsthetics have, in some measure, robbed of their terror.

In regard to the relative frequency and mortality of mother and child in puerperal convulsions and placenta prævia, Hodge says in regard to the first that authors vary exceedingly. "Thus, while Velpeau reports their frequency as one in a thousand, Madame Lachapelle fixes it at one in two hundred. Dr. Churchill, in his elaborate tables, gives the average of French and English practice as one in six hundred and nineteen nearly." He says, "Merriman states that out of fifty-one births, thirty-four were still-born,—about sixty-six per cent."

The second occurs once in about five hundred cases. Dr. Hodge quotes Dr. Frank's Prize Essay and valuable tables, published in 1855 in the *Trans. Am. Med. Assoc.*, that deaths from unavoidable hemorrhage prior to the full period were twenty-four per cent., while the deaths among the children were one hundred and sixty-six in two hundred and sixty-two; being a mortality of sixty-three and one-half per cent. Barnes says, "I had occasion to review my experience of the terminations of sixty-nine cases of placenta prævia. The deaths were 6, —i.e., one in  $11\frac{1}{2}$ , a proportion much smaller than that usually given in statistical tables."

With this view of the matter, then, this class of cases cannot be put off to a more convenient season. What must be done must be done quickly; promptness in action and in relief must be the uppermost thought, and, with this, a comprehensive view of the entire situation before you.

The main object to be kept constantly in mind is to staunch the hemorrhage, as the case may be, and thus to save life,—to save the life of the mother at least first, and secondly of the child, if viable, if possible.

Whatever treatment may be decided upon ought to be the right one for the emergency, for when once done it is done forever; it cannot be undone. But in the greatest emergency, and when hope of saving life may have almost fled, an attempt ought still to be made to do something towards it. I remember seeing a case at term with an intelligent physician of this city, several years since, where forced delivery was practised by turning under the use of ether, after means had been used to dilate the os and to bring on labor, without success. Though the case seemed to be a desperate

one, the means seemed to be happily well adapted to the condition of things, and though there was considerable shock and great loss of blood, the woman rallied for the time, but died of pyæmia, or septicæmia, probably, on the twenty-first day after delivery. The child I resuscitated after considerable effort, and it is now living, a hearty, healthy child of about five years.

It appears to be the prevalent opinion at the present day that when there is imminent and immediate danger of loss of life, excessive hemorrhage, shock, and exhaustion of the vital powers, delivery should be attempted at once, without any regard to the general condition of the patient; and this, too, even at the expense of the child, unless it is clearly proven that it may be saved; though some, as Simpson, consider it ought hardly to influence the treatment.

If, then, we have a case of placenta prævia clearly made out by examination, no matter at what period of gestation it may be presented to us after the fifth month, with profuse hemorrhage, perhaps coming in gushes, or in a continuous stream, with much shock of the nervous system and failing of the vital powers, our duty is clearly to attempt to deliver without any delay, and banish the thought to protract gestation with a view of having a more favorable result; and in this event one of two procedures will occupy the attention: either to try to force the hand through the undilated cervix, seize the feet, turn, and forcibly deliver,—*accouchement forcé* of the older writers,—and then remove the secundines as rapidly as possible; or to introduce one or two fingers through the os and into the uterus as far as possible, sweep them rapidly around the cervical zone of Barnes, separating the placenta, as far as the fingers reach, from the uterus, as first recommended by Simpson, then rupture the membranes, if in no other way, directly through the placenta, bring on labor by ergot, the binder, or the tampon, and leave the case, under surveillance, to nature.

Those who believe, with Churchill, that "the flooding is the necessary consequence of the dilatation of the os uteri, by which the connection between the placenta and the uterus is separated, and the more labor advances the greater the disruption and the more excessive the hemorrhage," will adhere, perhaps, to the former plan; while those who admit that the detachment of the placenta arises from an excessive rate of growth of placenta over that of the cervix will more readily rely upon the latter.

The former operative procedure is considered a very harsh and cruel one, greatly endangering the life of the mother, not only immediately by forcible dilatation, by rupture or laceration of the soft parts and consequent hemorrhage, but more remotely by septic or pyæmic poisoning, and not necessarily adding to the chances of the safety of the child; while the separation of the placenta within a given circle is considered more practicable, more easily accomplished, and gives better results for the mother and some chance for the child, as the hemorrhage is almost certainly arrested. Barnes says, "There

are two conditions present in flooding from placenta prævia. The *first, an immature uterus*. Flooding frequently occurs before the term of gestation is complete. The uterus is therefore taken by surprise before its tissue is developed, before it has acquired its normal contractile power. Besides this, the uterine neck is ill adapted to expand. The *second is the loss of blood* itself, impairing the vital power, causing shock and prostration. The several or the joint production of these conditions is a powerless labor, the absence of contraction. Hence the continuance of hemorrhage. We feel we cannot depend upon contractile force when all force is ebbing away with the blood; we are compelled to act, to assist nature in her extremity."

Considering the force of these two propositions as factors in the case,—viz., first, immature uterus, and, secondly, loss of blood, as present in placenta prævia,—we cannot be slow in appreciating also the force of the possible effects of treatment.

But, without attempting a discussion of the subject of placenta prævia in all its entirety, the following case will somewhat illustrate the mode of treatment in the management of placenta prævia more elaborately elucidated by Barnes in his work on "Placenta Prævia," and in his "Obstetric Operations."

## CASE.

I was called, November 17, 1874, to visit Mrs. T. F., a plump, healthy woman, of Irish descent, about 32 years of age, mother of five children, and who had had remarkably easy times in all her labors. She stated that she had suffered from uterine hemorrhage for several days,—part of the time it had been very profuse,—and that, as she supposed herself pregnant about two months, she thought it possible she had miscarried. As I had no positive means of ascertaining whether or not she had aborted, and supposed it possible, I prescribed for her, enjoining rest and quiet, and after a few days the hemorrhage ceased. I saw her again in February last, while attending one of her children. She informed me she had discovered she had not miscarried, but she had had some flow each month at about the menstrual period, which she thought strange. Without making an examination, I still supposed it might yet be attempts at miscarriage, and insisted strongly upon the recumbent position and quiet at those times. I was called to visit her again, March 13, in haste, and found she had had a sudden, profuse hemorrhage, losing, possibly, between thirty and forty ounces of blood. She was taken on the sidewalk before her door, and, before she could be got up to her chamber, saturated her clothes and marked the floor on her way up the steps. I found about twenty ounces in the chamber-vessel, which she passed in it after getting up-stairs. I was surprised to find her in such good spirits and in such good condition after such a drain upon her. It really made very little impression upon her pulse, and she was not at all depressed by it. I made a digital examination then for the first time, and discovered the whole source of the trouble. The placenta was planted directly over the cervix, and nothing but

placental tissue could be felt, the os being open as much as is commonly observed in multiparæ at six months. I immediately notified her friends of her condition, explained to them the cause of her flooding and the danger she was constantly in from the same cause; that she must be watched, and I sent for on the first recurrence of the hemorrhage. The flow ceased on the 14th. I saw her twice on the 14th, and once each day till the 17th. She moved about her room and the adjoining one again, and, though a little pale, was quite strong and active.

I was awakened half an hour after midnight of the 18th, and was informed she had had a sudden and profuse hemorrhage while in bed, and was still flooding. I hastened to her, and found her in a state of great consternation and alarm, with a nervous chill, and having a great desire to have done for her what I had told her I might have to do,—that is, deliver her by artificial means. I saw her three times on the 19th, and on the 20th the flooding ceased. Up to this time the treatment had been only palliative or expectant, as I thought I had not arrived at the period when life was really in jeopardy, and feeling I had more active means as a *dernier ressort*, and feeling also that either horn of the dilemma was perilous,—the flooding or the induced labor and delivery,—I deferred further operation, hoping still gestation might go on to a time when delivery would be more easily and safely accomplished. But this, it will be seen, was futile.

On the night of the 21st the flooding came on again violently. She bled profusely all night, blanching her, reducing her to the lowest ebb compatible with life, placing her in imminent peril. On the morning of the 22d, finding all hopes dissipated of prolonging gestation to a period nearer her term, I concluded immediate delivery was the only means offered, if any, to save the patient's life. On examination I found the os and cervix rigid and unyielding, and could scarcely more than introduce one finger or two with force, and I could feel the warm blood trickling fast by. She was pale, had even a greenish, chlorotic hue of countenance, pinched features, sunken eyes, a shiver once in a while coming over her; surface cool, feet cold, pulse very faint and slow, scarcely perceptible at the wrist, and she was on the very border of death.

Desiring consultation, I suggested Dr. I. H. Thompson as most accessible, who was sent for to meet me. In the mean time I placed her in position across the bed with the parts towards the light, and attempted to introduce Barnes's dilator. Dr. Thompson arriving to my aid, he suggested immediate forced delivery by turning. I introduced my hand into the vagina, and attempted to force my fingers through the cervix, Dr. Thompson holding well down the uterine globe, but I found it tiresome, and utterly impossible in the then condition of the parts. I could only get in two fingers, and while I had them in, forcing them as far as I could reach I swept them around between the placenta and the uterine walls, completely detaching the former within that circuit. While I was manipulating, Dr. T. whispered to me that the pulse had gone at the wrist. As no time could be lost, requesting Dr. Thompson

to relieve me and change positions, he found it also impossible, without risk of injury, to introduce the hand for the purpose of delivery, but finding the bleeding had entirely ceased, I requested him to rupture the membranes *through the placenta* with a quill, which I had prepared for him, which was readily and promptly performed. Only the amniotic fluid now flowing, we agreed to plug the vagina with raw cotton, which was soon done, completely packing it in as tightly as could be, and that there might be no possibility of its escape we applied the T-bandage, and over the uterus also a narrow binder. With a few doses of brandy, the patient now rallied somewhat; the pulse, though feeble, could be felt at the wrist. We directed the brandy to be continued at short intervals, and a teaspoonful of Squibb's fluid extract of ergot to be given every half-hour; and we left her, to meet again at 2 P.M.

2 P.M.—There had been no bleeding since our last visit; she was comparatively comfortable, and had taken a cup of tea and a little toast. Her breathing was rather sighing and irregular, pulse feeble, 110, surface cool; said nothing, made no complaints, except that she had some pain in left side; plug saturated with dirty watery fluid; continued brandy and ergot, with little beef-tea in intervals. We saw her again at 7½ P.M.; she was more comfortable than when last seen, talked better and stronger, pulse more volume, some reaction and more warmth of surface, no hemorrhage; some uterine pain at long intervals, indicating contraction; very anxious about herself; said she felt true labor-pains, and begged me not to leave her. Dr. Thompson thought we could safely leave her till morning, as there was no urgency, no severe pain, or uterine contraction, and no hemorrhage; and there would be danger of recurrence of bleeding if the plug was removed, and she would be stronger and better able to undergo any further operation if deferred until morning. As she desired I should stay with her, I remained. At 8½ P.M. the pains became more frequent and expulsive, with some effort at displacement of the plug; they continued to grow stronger, quicker, and more effective; and at 9 P.M., finding the plug starting outwards, I sat by her and with forceps removed the plug of cotton, piece by piece, until all was removed; and then introducing my hand into the vagina, I found the placenta emerging into the passage; I seized and removed it; and as the os was now well dilated, I seized one foot and then the other, and, simply aiding the expulsive efforts of the uterus, delivered a six-months' foetus at about 9.10 P.M., without accident of any kind,—with scarcely a drop of blood.

The foetus had been dead evidently some hours, though she said she thought she felt it in the morning, just previous to the attempt to introduce the hand. The placenta was dark, congested, and not firm in feeling. The uterus contracted well. The patient felt now much relieved in mind, and rallied astonishingly at once. Her mattress was moved to the ordinary position, and she was made comfortable by removing her wet clothes. She had taken in about twelve hours an ounce and a half of fluid ex-

tract of ergot, without injurious effect. It sickened her towards the last, causing it to be rejected.

Her case went on now hopefully for several days, though the vital powers were greatly reduced, and the functions of the heart and lungs and the general circulation were exceedingly enfeebled. The pulse had not varied much from the range of 100 to 108, nor the temperature much from 100°. The vaginal discharges were watery, of a dirty muddy color, without much odor.

On the 27th, I noticed the discharges were quite offensive and more profuse, and had changed to a thin, yellowish, purulent character. A hectic flush lighted up her cheeks; there was more or less restlessness, and some hebetude, varied by drowsiness; and I began to feel the case might be lost at last by septicaemia.

I ordered ten grains of sulphite of sodium in elixir of calisaya every four hours; a vaginal wash of salicylic acid, twenty grains to the pint of hot water, used three times daily; and five grains of quinia each morning daily, with continuation of the brandy and beef-tea.

I had no further trouble after this. The condition of the patient gradually improved in every respect until the 3d of April, when the pulse was down to 90, with more volume and regularity; the temperature was normal, and symptoms of septic poisoning had entirely disappeared. All medicine was now discontinued except twenty drops of muriated tincture of iron three times a day, and beef-tea and brandy at longer intervals than before.

I continued in attendance until the 10th of April, when she was able to sit up in bed, had been on the floor the day before, relished her food, had improved in color and general appearance, and was altogether cheerful and happy over the result; four grains of quinia once daily, with twenty drops of muriated tincture of iron three times daily, were directed to be continued for awhile longer as a general tonic, with special directions to have a watchful care over herself, and particularly to see that she did not move about too soon.

On the 30th of April, I was surprised to have a call from her. She had walked several squares to see me, to show me how well she was. The consequence was she was "unwell" the next day, which lasted four days.

She called again on the 31st of May, and stated since that time she had no further disturbance; she looked well, had regained much of her flesh, and had a good rosy color.

No. 1211 F St., N.W., WASHINGTON.

#### QUININE IN PERTUSSIS.

BY EDWARD T. BRUEN, M.D.

I WOULD like to offer to the readers of the *Times* a few practical observations upon the use of quinine in whooping-cough, which, although trite to some, may perhaps cause the successful use of the remedy by many others.

I had prepared a detailed account of seven cases I have treated with this drug in dispensary and



private practice, but, as they seemed repetitions of each other, I shall simply state the facts drawn from my clinical study.

In many cases, if the drug is used continuously, it either signally fails to relieve or else it affords but slight benefit. The proper method is to administer it by rapidly-increased doses for a period not longer than five days, after which it should be stopped, and after an interval, if necessary, recommenced.

If at any time during the twenty-four hours the paroxysms are especially violent, it is a good plan to administer the quinine at such intervals that a full dose shall be given one hour or two before the spell is expected. I have known of cases which have been most benefited when the quinine has been given in large amount in two doses. This, I have been told, has been the best means when the spells were very violent during the night. I have never used the drug in this way myself. The amount of quinine given in pertussis seems often limited by the fears of the medical attendant. I have found that to accomplish good the medicine must be pushed to a quantity equal to a full antiperiodic adult dose. To a child under three years old at least ten grains should be given in twenty-four hours; to one of twelve years, from sixteen to twenty grains in the same time. It is only by using these full doses that good can be accomplished or cures made. A word concerning what should be expected of the drug.

In many instances I have seen it cut down immediately the number of the paroxysms from forty or fifty daily, as registered by pin-holes in a card, to only eight or ten; the case afterwards rapidly recovering similarly to those which have run their full course. In more rare cases it is positively curative, but the great relief afforded is amply sufficient to make us employ it when other means are so constantly ineffectual.

In my hands it did not usually moderate the violence of the paroxysms: this effect is generally seen to occur gradually after the spells have been reduced. I have seen only a few cases where unfavorable symptoms appeared during the treatment by quinine; one child of fourteen months, who had taken ten grains of quinine for two days, manifested symptoms of congestion of the brain, which yielded promptly to treatment, the disease being also cured. In one or two other cases a little drowsiness and headache were the only unfavorable symptoms, but these effects came on gradually, and I believe there is no danger in using quinine freely as I have recommended, provided we watch our patients with ordinary care.

**WATER IN FEVERS.**—Dr. Tauszky says (*New York Medical Journal*, July, 1875) that it can be put down as a law that the reheating of the body takes place the quicker, the colder is the heat-depriving medium applied, the more force, such as friction, movement of the body, or of the water, is used. If we desire to retard the reheating of the body, the applications must be made at longer or shorter intervals, and last for a longer or shorter period of time, proportionate to the degree of fever.

## NOTES OF HOSPITAL PRACTICE.

### HOSPITAL OF THE UNIVERSITY OF PENNSYLVANIA.

SERVICE OF PROF. H. C. WOOD, M.D.

Reported by CHARLES K. MILLS, M.D., Chief of Clinic.

SCIATICA AND NEURALGIA TREATED BY THE CONSTANT CURRENT.

#### SCIATICA.

P. M., æt. 56, married, came to the clinic February 17, 1875. His life had been chiefly one of hard work and exposure. Eight years before, he first had an attack of sciatic neuralgia, which lasted about a year. Now and then since, especially in cold weather, he had had pain, sometimes violent, along the line of the sciatic. For five months he had seldom been free from pain.

When first seen, he walked with his body much bent, using a cane. A slight jar would cause a violent paroxysm of pain. The right leg grew tired with slight exertion. Pressure over the sciatic at almost any point would cause pain, but three points of peculiar tenderness—points *dououreux*—could be readily made out: the first about the sacro-iliac junction; the second, between the great trochanter and tuber ischii; and the third, about the head of the fibula.

It was determined to try the efficacy of a pure galvanic treatment. The current used was derived from Siemens-Halske cells. Twenty sittings were given, covering six weeks, and each lasting from ten to fifteen minutes. The current was not interrupted, and was of just sufficient strength to allow the patient to say that he felt it distinctly, eight applications being made with five cells, seven with ten, and five with fifteen. The two poles were generally placed over the sciatic, at points varying from a few inches to two feet apart, but sometimes the positive electrode was applied over the lower dorsal region of the spine, and the negative along the line of the nerve.

The patient improved from the first, notwithstanding unpropitious weather. His treatment was commenced February 22, with five cells. He reported and was treated with five cells February 23, 24, 25, 26, and 27, constantly improving in sleep, strength, gait, general facility of movement, and amount of pain. He experienced relief after each sitting. From February 27 to March 4, owing to the weather, he did not report, his condition remaining about the same. March 4 and 5, five cells were used with benefit. He did not return again until the 10th. He got chilled on the 5th, and suffered great pain on the 6th, 7th, 8th, and 9th; but was not as bad on any of these days as he had been before coming under treatment. From March 10 to April 7, when he ceased to attend, he was treated twelve times, with either ten or fifteen cells. His leg continued steadily to improve, notwithstanding the severe and changeable weather, the long distance—about six miles—which he had to come, and the fact that several days sometimes elapsed between the applications. He complained of some pain in the side and back occasionally, but the sciatica appeared to be cured. He could bear his whole weight on the right leg, and could walk erect without a cane. The limb felt stronger than it had done for years. It could be handled with impunity, without causing pain. The points *dououreux* had vanished; not a drop of medicine was given, and no liniments or other external applications were used.

If this patient could have been admitted to the hospital, and the sittings have been more frequently repeated, with rest in bed as an adjunct to the galvanic

treatment, he could probably have been discharged, well, in from two to three weeks.

An important point in the history of this case, as bearing upon the question of the efficacy of galvanism to alleviate pain, is the fact that after every application the patient experienced marked, and, in some instances, signal relief.

This case was under observation during the latter part of February, the whole of March, and the first week of April, embracing a period when the weather was variable and severe; and some notes were taken upon the influence of the state of the atmosphere upon pain. The patient could foretell a storm by the painful sensations in his leg. The pain was always most violent when a storm, either of rain, hail, or snow, was coming on. After the storm was fully established, it would sometimes abate remarkably. From personal observation of the weather, and from consultation of the records of the Signal Service, the pain seemed to be greatest on days when the barometer ranged about 30; when the thermometer stood between 25° and 30°; before and during storms; when the wind was changing to the east, and when east winds prevailed; and when the air was heavily charged with moisture. The observations and comparisons, however, were not sufficiently extensive and systematic to allow any positive general conclusions to be drawn.

#### NEURALGIA.

E. E., æt. 45, married, had enjoyed good health until four years before coming for treatment, when she began to suffer from neuralgia of the left side of the face and head. She had had attacks every week or two since, which recently had been getting worse. The pain was severe, and most marked over the left brow. During the paroxysms of pain she could scarcely see, and her eyes were intolerant of light. A tender spot, corresponding to one of Valleix's points *dououreux*, was found just above the centre of the left eyebrow. Her appetite was poor, but her general health was otherwise pretty good.

On the day of coming under observation, the use of a galvanic current of five cells was commenced, placing the positive pole in front of or below the ear, and the negative over the supra-orbital nerve. She came twice a week to the clinic, and received thirteen applications, when she was discharged, cured.

She only had one attack while under treatment. By request, she reported one month after her discharge, up to which time she had had no recurrence of the neuralgia. No medicine was employed.

SERVICE OF D. HAYES AGNEW, M.D.

Reported by WM. M. MASTIN, M.D., Resident.

RUPTURE OF THE ABDOMINAL WALLS, WITH BARTON'S FRACTURE OF THE RADIUS, AND OTHER INJURIES, FROM A FALL—DEATH—AUTOPSY.

J. K. S., 76 years of age, painter by occupation, a native and resident of Philadelphia, was received into the hospital June 15, 1875, in the following condition: About an hour before admission, while working at his trade, he fell to the ground from the second-story window of a dwelling-house, a distance of thirty feet. The whole force of the fall was received on the left hip and side and palm of the right hand. The man was very much shocked, and examination showed extensive contusion of the soft parts of left buttock and lumbar region, with comminuted fracture of crest of ilium, fracture of two lower ribs, and fracture of inferior third of right radius. A tumor, the size of a foetal head, occupied the left lower part of the abdomen on line with crest of ilium. This was elastic and compressible, with thin walls, dull on percussion, and communicated to

the finger the impression of its containing fluid. The position of the left leg, with a slight degree of shortening, suggested fracture of the neck of femur, but the injury to buttock and pelvis was so extensive as to mask all other symptoms, thus preventing a positive diagnosis. The fracture of the radius was diagnosed as Colles' fracture, with some comminution. Considerable difficulty was experienced in effecting reduction.

The morning following, the man was found to be some little better; reaction not established, but hopes were entertained of his recovery. There were no symptoms of internal injury, and the abdominal tumor was resonant and gurgling. The man complained of pain only in the arm, feeling no inconvenience from injury to side. He took food readily. Later in the day he showed evidences of sinking, and died that evening from shock and exhaustion.

*Autopsy.*—Body examined seventeen hours after death: abdomen distended and tympanitic. The tumor was first inspected, and found to be due to a protrusion of the intestine through a rent in the walls of abdomen. The tear in peritoneum was three and a half inches in length and parallel with the axis of body; that in transversalis and internal oblique muscles was across the direction of their fibres, whilst that of external oblique was in the line of and a mere separation of its fibres, so that the abdominal walls were ruptured in two directions: first, a perpendicular rent of peritoneum, transversalis, and internal oblique muscles, and second, an oblique of external oblique muscle. The integument remained intact, but was with the fascia dissected up from the muscles to two and a half inches on either side of the rupture, thus forming a large sac which was filled with fully three feet of the small intestine. A small knuckle of the protruded portion of the gut had insinuated itself into a pocket between the two oblique muscles, and was completely strangulated, being in a state of gangrene. One of the branches of mesenteric artery had given way, as shown by an effused clot in abdominal cavity. No evidence of peritonitis existed, except a slight localized injection of the visceral peritoneum. The fracture of the innominate bone was seen to involve the anterior superior spinous process, and a large portion of the superior part of the crest. The ribs were broken at their angles. There was no fracture of femur, but a partial luxation upwards of that bone; the capsular ligament being torn, the head of the bone rested on the upper margin of acetabulum. By far the most interesting feature of the post-mortem was the fracture of the radius. This was a true Barton's fracture,—a fracture extending into the joint. The bone was broken transversely an inch above the articulating surface, with an oblique fracture extending some two and a half inches up the shaft, splitting off a large piece of the shaft, which was driven down behind the lower fragment, its end resting against the ulna. A longitudinal fracture passed through the middle of the lower fragment into the joint, dividing the articulating surface into two portions. Opposite the transverse fracture several spiculæ were lying loose in the connective tissue. There was no impaction, the difficulty in reduction arising from the displacement downwards of the split-off portion of the shaft.

VERATRUM VIRIDE IN EPILEPSY (*The Cincinnati Lancet and Observer*, July, 1875).—Dr. E. E. Riopel reports the case of a boy, æt. 6, who had severe epileptic convulsions, recurring frequently. Veratrum viride was given, commencing with one drop, and increasing every half-hour, until ten drops were taken. It was then given every hour, and continued for two days. The result was an entire cessation of the convulsions, and apparent recovery.

## TRANSLATIONS.

**GRAVE SCROFULIDES OF THE BUCCO-PHARYNGEAL MUCOUS MEMBRANE.**—According to Dr. G. Homolle (*Thèse de Paris*, 1875, *Bull. Gén. de Thérap.*, No. 10), lupus of the face is accompanied in one case out of five with lesions of the bucco-pharyngeal mucous membrane, and these parts should always be examined when facial lupus exists. These lesions may be derived from continuity in the region of the commissures of the lips or the nasal fossæ, or more frequently may occur in the mouth or throat without direct propagation. They may take the erythematous, ulcerative, tubercular, hypertrophic, or canceroid form, the seat of the lesion having a marked influence upon the type which the disease assumes. Analogous affections may be primarily developed upon the mucous membrane of the palate, the isthmus, or the pharynx. They show themselves under two principal forms: lupus of the throat (progressive erosion) and ulcerating scrofulide (perforating ulcer). The latter coincides in certain young subjects with certain lesions which have been attributed to hereditary syphilis,—notched teeth, interstitial keratitis, etc. These primitive scrofulides of the throat are usually affections of childhood. Their favorite seat is the velum palati, and after that the posterior wall of the pharynx; they scarcely ever appear on the tonsils. The disease is rarely propagated to the epiglottis, and still more rarely to the larynx.

The grave scrofulous anginas are observed in manifestly strumous subjects. Tardy hereditary syphilis is perhaps one of the causes of their appearance. The diagnosis is always difficult. Syphilis must be constantly borne in mind, and a very careful examination of both patient and history should be made before pronouncing an opinion. Lupus of the throat, with progressive erosion and posterior adhesions of the hinder half-arches to the vault of the pharynx, is more easily distinguished than ulcerous scrofulides from other forms of chronic angina. The treatment is anti-strumous, with local cauterizations. X.

**THE ELASTIC LIGATURE IN SPINA-BIFIDA.**—At a recent meeting of the Société de Chirurgie, reported in the *Bull. Gén. de Thérap.*, No. 10, 1875, the reading of a case of spina-bifida occurring in a child three years old, operated on by elastic ligature and cured, became the subject of some discussion. Another case was cited in which the operation was followed by convulsions and the ligature had to be withdrawn.

M. Blot, who spoke on the subject, said that he had not entire confidence in the procedure. Nervous filaments, he remarked, were often present in these tumors, and even expansion of the cord; it is not therefore always prudent to interfere. Besides, he had found that these tumors decrease in time, and often disappear entirely at last. In the course of the discussion on the indications for operation, M. Despres said that when the tumor is not reducible, an operation may be performed without inconvenience. When, however, there is a large communication between the tumor and the spinal envelopes, it is necessary to abstain from all intervention. X.

**ELEPHANTIASIS SCLERODERMA.**—M. Vidal read notes of the following case before the Société des Hôpitaux, at a recent meeting:

The patient was a man thirty-seven years of age, of fine constitution, and who had always enjoyed good health. Two years previously he had suffered from sudden suppression of profuse perspiration, and subsequently from chilliness of the extremities; then the skin in the region of the eyebrows became red and indurated for some hours, but returned to the normal con-

dition. Afterwards erythematous elevations followed, which gradually invaded the arms, the fore-arms, the thighs, the scrotum; then violet spots, "varicosities" of the skin, a kind of local asphyxia, some superficial eschars, a marked condition of pityriasis. The skin is at present reddened, and in the neighborhood of the neck and on the back of the head a considerable thickening of the derm is perceptible, forming more or less isolated tumors.—*Bull. Gén. de Thérap.*, No. 10, 1875. X.

**DOUBLE LIGATURE OF THE FEMORAL ARTERY.**—A young man received an oblique wound of the superior third of the anterior external face of the right leg. By mistake only a simple dressing was applied, and five days later a pulsating tumor was observed extending to the lower third of the leg. Continued pressure failing to give relief after some days, Professor Landi ligated the femoral below the canal of the adductors. The operation was difficult, on account of the thick layer of fat. The aneurismal tumor ceased to beat immediately after the ligature. The ligature was removed in six days; but on the eighth day hemorrhage from the upper portion of the ligated artery took place, possibly on account of purulent infiltration in the sheath of the artery. The femoral was again ligated in Scarpa's triangle, and complete recovery, with perfect use of the limb, was the result.—*Bull. Gén. de Thérap.*, No. 10, 1875; from *Raccoglitori Medico*, January, 1875. X.

**SUPPRESSION OF URINE FOR EIGHT DAYS WITHOUT URÆMIC SYMPTOMS.**—Pourmadre (*Deutsche Zeitschr. f. Prakt. Med.*, May 29; from *Giornale Venet. di Sci. Med.*) gives the following case. A man, fifty years of age, complained that without any assignable reason he had been unable to urinate for the past twenty-four hours. On examination he was found to be suffering from serous diarrhœa with rheumatism, and he stated that for some time previously his urine had been reddish, cloudy, and thick with sediment. Rest, baths, and linseed poultices failed to relieve the anuria or the diarrhœa, although there was neither pain in the kidneys, quickening of pulse, nor increase of temperature. A catheter introduced into the bladder brought away only a few drops of urine. In the course of the next five days the abdomen became distended, and there was some inclination to vomit. On the sixth day there was meteorism, a small pulse, flushed face, some delirium and sopor, some appearance of blood with the diarrhœa. On the seventh day the meteorism and diarrhœa increased. An enema containing ether was ordered, together with a bath of two hours' duration. Soon after, a clot of blood with a few small calculi came from the urethra, a considerable amount of blood followed, and the suppression of urine was over. It is probable that the presence of the calculi in the urinary passages may have brought on cramp and anuria, while the urinary secretion was removed by the concomitant diarrhœa. X.

**MERCURY IN THE MILK OF WOMEN DURING THE "INUNCTION CURE."**—Kahler (*Deutsches Zeitschr. f. Prakt. Med.*; from *Rundschau*, 1875, s. 260) made examinations of the milk of three nursing women by electrolytic chemical analysis, any mercury contained in the milk being deposited upon a little gold electrode. The amalgam thus obtained was heated in a glass tube, thus volatilizing any mercury present. The latter was then converted into the iodide, giving a very striking reaction. Inunction of mercury in nursing women, practised so thoroughly as to cure any syphilitic manifestation which was present, yet failed to give a mercurial reaction to the milk. That some influence was at work was shown in certain cases in which syphilitic manifestations in the infant were cured even while no mercury could be found in the mother's milk. X.



# PHILADELPHIA MEDICAL TIMES.

A WEEKLY JOURNAL OF  
MEDICAL AND SURGICAL SCIENCE.

*The Philadelphia Medical Times is an independent journal, devoted to no ends or interests whatever but those common to all who cultivate the science of medicine. Its columns are open to all those who wish to express their views on any subject coming within its legitimate sphere.*

*We invite contributions, reports of cases, notes and queries, medical news, and whatever may tend to increase the value of our pages.*

*All communications must bear the name of the sender (whether the name is to be published or not), and should be addressed to Editor Philadelphia Medical Times, care of the Publishers.*

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SATURDAY, JULY 17, 1875.

## EDITORIAL.

### SOME WISE MEN OF GOTHAM.

QUACKERY in electricity is as much quackery as is quackery in patent medicines, and it seems to us that physicians should be just as careful in allowing their names to be associated with the one form of rascality as with the other. Paoli's electro-voltaic belt is probably as useless a piece of household furniture as any head of a family could invest his money in: patented in Washington, made in New York, it is self-puffed throughout the universe, literature, both secular and religious, from *Belgravia* to *John Wesley's Journal*, being laid under contribution to it. To show the real scope of this discovery, we give the following extract from a pamphlet very freely circulated by the company:

"With this end in view, all drugs should be discarded, and a more rational view of nature's laws observed. Drug medicines too often injure the system, arrest the digestion, and cause a simple acute disease to resolve itself in a complicated chronic one, often incurable by any method. In fact, drugs do much more injury than good. Still it must be acknowledged that, in some cases, drugs do effect a change in the secretory and circulatory processes, and thus assist nature in recovery; but it is only the one who has a strong vitality that derives benefit—the debilitated are always injured.

"We say without fear of contradiction, that every disease depending upon a debilitated condition of the vital forces, can be promptly and permanently cured by electricity, if properly applied. Life is supported wholly by electrical currents, and diseases are cured by the supporter of life; they are cured by electricity when every other means have failed.

"Paoli's wonderful discovery has now been endorsed and recommended by literary and scientific men of the highest rank; by the most eminent medical professors in Europe and America, who testify that Paoli's invention is the most effectual remedial agent ever discovered, and that nothing in the annals of science or medicine has ever approached it in its remarkable powers over the human system, and in the cure of disease."

Judge of our surprise, reader, when on continuing the perusal of this pamphlet we came upon a series of recommendatory testimonials of "some of the most eminent physicians and professors of the city of New York, the originals of which can be seen at our office." The letters are really from men of position, interlarded with those from physicians, to speak mildly, not so reputable, and with those giving accounts of marvellous cures worked by these miraculous belts.

We refrain from mentioning any names, because we do not suppose these gentlemen gave these letters with a knowledge of the use to be made of them. We well remember the aid Swaim's Panacea received in a similar way in this city. The moral we desire to point is—Give no testimonials.

### MEASLES AT THE ANTIPODES.

AN extraordinarily severe epidemic of this usually mild exanthem has during the last two years swept off a very appreciable percentage of the population of various places in the Southern hemisphere. During six months of 1873-74 it caused in the Mauritius Islands more than two thousand deaths, men, women, and children being embraced in the death-roll. In the summer of 1874 the disease was introduced into South Australia, whence it spread rapidly, appearing later in the year in Victoria and New South Wales, and the present spring reaching the Fiji Islands. In the latter locality the results are said to parallel those of the plague in Mediæval Europe; all ages stricken down, and the whole population pervaded with a frightful panic, so that no one ministers to the sick, and even the dead are left unburied. It is very probable that the accounts are exaggerated; but the general fact of the enormous mortality seems well established. In a people new to civilization, epidemics of civilization when they appear affect every one, because every one is equally susceptible, none being protected by previous attacks. The great mortality is no doubt in part due to neglect of all sanitary laws, to habitual filth, to no care or improper care of the sick, and various similar causes. In Melbourne sanitary neglect

was plainly very efficient in producing the great mortality. The epidemic occurred during the hot season, when the scanty water-supply was especially contaminated. To show the general recklessness, it is stated that one contractor was in the habit of dumping his nightly gathering of night-soil into the river whence the water was drawn, and that the economical city fathers used the public parks as depositories of human excrement.

In the case of the Fiji Islands, other causes are undoubtedly at work in producing the great mortality, which is said to have reached fifty thousand (?). It appears to be a general law that the diseases of civilization act with a frightful violence upon new, savage races. Thus, whole villages of our Indians have been swept away—actually exterminated—almost in a fortnight by smallpox. In civilized communities it is probable that there is handed down from father to son a trace of the acquired immunity against the attacks of these exanthematous diseases, so that every one is, at birth, at least so far protected that the violence of the attack is averted. Among savages the disease finds no such limitation by heredity. To borrow the language of the evolutionists, partial immunity from various exanthemata is, in the European, an acquired specific character which is wanting in the savage. Hence, according to the law of the survival of the fittest, the savage races must disappear unless, before extermination, they can acquire the disease-resisting powers of the white man.

WE desire to call attention to the Ophthalmological Congress, the scope of which is explained in the appended extract. We are glad that there is one Centennial congress not to meet in Philadelphia, and have full faith that our New York confrères will do all that can be done to make the Congress a success.

"The International Congress of Ophthalmology will meet in New York City on Tuesday, September 12, 1876, at twelve o'clock noon. The following extracts from the rules of the Congress will give an idea of the general character of the Society, and of the terms of membership:

"1. The object of the International Periodic Congress of Ophthalmology is to promote ophthalmological science, and to serve as a centre to those who cultivate it. It will entertain no discussion foreign to this object.

"2. The number of members is unlimited.

"3. Every member must be either a doctor of medicine, or of surgery, or of science, or possess some other equivalent degree, or be distinguished for his scientific knowledge.

"4. Candidates for admission into the Society shall be admitted on presentation of their diploma or of their scientific title, unless ten members demand a ballot.

"5. The sessions of the Society shall take place every fourth year, and be limited to ten days.

"11. The Society gives no diploma. Before the opening of each session a card available for admission to all the meetings, and signed by the President and Secretary, shall be given to each member on payment of his subscription (fixed at \$2), and upon signature of his name on the register of those attending the meeting.

"Among the members of this Congress are such men as Arlt and Stellwag, of Vienna; Giraud-Teulon, Javal, and Wecker, of Paris; Helmholtz, of Berlin; William Bowman, George Critchett, R. Liebreich, J. W. Hulke, and Soelberg Wells, of London; Donders and Snellen, of Utrecht, Holland.

"It is hoped that many of them will come to New York in 1876. The committee are making all efforts to secure a large attendance, and one that will leave its mark upon the progress of scientific ophthalmology. The co-operation of the profession of the United States in securing these objects is earnestly desired by the undersigned, the Provisional Committee appointed in London in 1872.

"CORNELIUS R. AGNEW, M.D.

"HENRY D. NOYES, M.D.

"DANIEL B. ST. JOHN ROOSA, M.D."

## CORRESPONDENCE.

### COOL BATHING IN THE TREATMENT OF INFLAMMATORY BOWEL - AFFECTIONS DURING THE SUMMER.

TO THE EDITOR OF THE PHILADELPHIA MEDICAL TIMES:

DEAR SIR,—At our meeting in Louisville I promised to give you an account of my treatment, by cold bathing, of children in the febrile forms of diarrhœa during our summer seasons.

It is only barely necessary to call attention to the difference between cholera infantum and the exhaustive form of infantile diarrhœa comprehended under the common name of "summer complaint."

In the first we have those profuse discharges of serous matter from stomach and bowels bringing on a collapse as rapidly and fatally as a true Asiatic cholera; but the latter is slower in its progress, and always connected with fever due to a congestive and an inflammatory process in the intestinal canal, and is very properly designated enterocolitis. This is the affection commonly seen, while the former is comparatively rare.

We know very well that in many of the ordinary affections (summer complaints) the correction of the secretions of the bowels and a change of location to the pure fresh air of the country will bring about a rapid restoration; but among the poorer classes, and with others often, the change is not practicable; then, too, by reason of the tentative measures for their relief ap-



plied by parents and neighbors, many simple cases go on rapidly to a dangerous stage of the inflammatory process before the doctor is called in. We are summoned, in short, very often, to see a child with a hot skin (temperature  $102\frac{1}{2}^{\circ}$ – $105^{\circ}$ ), rapid pulse (130–150) and breathing (30–40), with frequent purging of semi-fluid, greenish, watery, fecal and half-digested matters; the mouth and tongue are dry, the thirst is intense, but the water given to appease it is quickly thrown off, the eyes are staring, pupils contracted, insomnia, rolling the head and uttering distressing cries, due to the headache from hyperæmia of cerebral vessels and the unappeased thirst.

I proceed at once to give the little sufferer a bath in hydrant-water, which with us, in summer, is about  $75^{\circ}$ .

I have found it necessary to superintend this for the first time myself, as there is great reluctance, if not decided opposition, on the part of many mothers to its use, because the child always screams lustily as soon as it begins to touch the water. I usually direct the feet and legs to be gradually immersed, at the same time pouring water from the hand over the chest and abdomen, until the whole body is under water. Then the head is held in the left hand, while colder water (cistern temperature— $65^{\circ}$ ) is poured in a continuous stream over the upper part of the head. This is kept up for ten to fifteen minutes. In the mean while the little patient ceases to cry and struggle, and is evidently greatly comforted, more especially if you give it freely of cool water to drink, the greedy swallowing of which shows how much of its distress is due to thirst.

After the bath the child should be wrapped, unwiped, in a thin woollen shawl, and laid upon its bed with a slight additional covering, and it generally falls at once asleep. The skin is cool, the pulse has lost frequency, fullness, and force; the breathing is slower, while the temperature in the axilla has fallen below the natural standard. The reduction may seem at first too great, but reaction soon begins, and a healthy warmth and perspiration are established. The whole scene, in fact, has so changed that you will have no difficulty thenceforth in getting a bath given three or four times a day, if the alarming train of symptoms make show of revival; and they will revive to such an extent as to require exhibitions of the bath from time to time for two or three days perhaps; for the diseased state of the mucous membrane within has not been as suddenly relieved as the abnormal heat of the body.

In the mean time, internal treatment should be vigorously if not heroically practised. Quinine and whisky, beef-tea, milk- and lime-water, are to be freely employed until the fierce symptoms cease to show themselves. One grain of quinine and half to a teaspoonful of whisky every three hours for a child eight to sixteen months look rather formidable, but they will be borne admirably. As the febrile state becomes subdued, bismuth and pepsin should be given every three hours to restrain the diarrhœa and to assist the digestion, so greatly at fault, owing to the blow which the mucous membrane has suffered.

From my experience I am persuaded that under this plan of treatment nearly every case of enterocolitis may be saved.

For cholera infantum, if seen early, give a hypodermic injection of morphia of suitable dose, to be followed up with small doses of calomel and camphor in sugar of milk, until biliary dejections are seen.

Respectfully,

C. G. COMEGYS.

ATLANTIC CITY, June 29, 1875.

TO THE EDITOR OF THE PHILADELPHIA MEDICAL TIMES:

DEAR SIR,—The present heated term brings with it so surely its annual slaughter of the innocent children confined to close, unwholesome courts and alleys in Philadelphia, that a further notice of our pre-eminent means of rescue for infants of the poor, the Children's Sea-Shore House at Atlantic City, may prove timely and useful. Your own editorial endorsement of the hospital has already set forth its prominent objects (which may also be found in the advertising columns), and I shall, therefore, restrict myself to narrating very briefly the history of one of my young patients, which illustrates the *practical working* of this noble charity.

Ida G., a little girl of German descent, about three and a half years old, has been for some time running down in health, as a consequence of the irritation and discharge from scrofulous abscesses near the knee-joint, and on the 15th of the current month showed very clearly by her sleeplessness, loss of appetite, emaciation, pallor, and tendency to diarrhœa, that a few weeks more of confinement to the hot, foul atmosphere of a large city would probably terminate her frail life. Sea air was advised, and the advice mournfully rejected by her parents on account of their poverty; but at this juncture two charitable ladies, being informed of the circumstances, contributed the small sum required, comprising in all four dollars for two weeks' board, and three dollars fare for the child's mother going and returning twice (generously reduced one-half by the Camden and Atlantic Railroad Company), so that on the 19th inst. Ida was left under the kind and judicious care of Dr. William H. Bennett, at Atlantic City.

Ten days afterwards, on visiting the Sea-Shore House for the purpose, I found it difficult to recognize my poor, pale, fretful little patient in the bright-eyed, rosy, round-faced child, rocking herself in her chair, and singing as cheerfully as if she had never known the poisonous influences of a "man-made town." The change was marvellous; and, to an individual who has not repeatedly tested the life-renewing efficacy, in suitable cases, of iodine, bromine, etc., in ocean water, air, and sunshine, seems almost incredible; but it is one which can, and I hope will, be witnessed by scores of my professional brethren who may try the delightful experiment of sending little sufferers like Ida to this real *Succor of the Innocents* on the shore at Atlantic City.

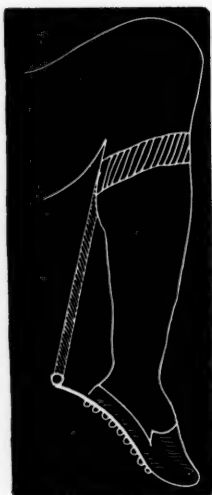
Very respectfully yours,

JOSEPH G. RICHARDSON.

FORT LEAVENWORTH, KANSAS, April 2, 1875.

TO THE EDITOR OF THE PHILADELPHIA MEDICAL TIMES:

DEAR SIR,—Please find appended the diagram of an apparatus which I have used successfully in



treatment of wound of the tendo Achillis. It consists of a slipper to the bottom of which a plate of iron, extending three or four inches beyond the heel, is riveted. The extremity of this is connected with a broad band passing around the limb below the knee, as represented in the figure. This controls, in some measure at least, the contracting of the gastrocnemius, and I consider it fulfils the indication for treatment of this lesion better than any method heretofore described.

Very respectfully yours,

T. E. WILSON,

Assistant-Surgeon U.S.A.

## PROCEEDINGS OF SOCIETIES.

### PATHOLOGICAL SOCIETY OF PHILADELPHIA.

THURSDAY EVENING, APRIL 22, 1875.

THE PRESIDENT, DR. WM. PEPPER, in the chair.

(Continued from page 654.)

#### *Aneurism of abdominal aorta.*

DR. JAMES GRAHAM presented the specimen, and furnished the following history:

"H. S., æt. 26 years, married, was a strong, well-made man, a stoker at the gas-works, whom, some four years ago, I attended for chancre and bubo. Since then he married, and has had three children, all of whom suffered from syphilis.

"On the 8th of this month he consulted me in relation to a pain shooting around from the lumbar region to the groin, on the right side, with which he had been troubled for upwards of a month; it was irregularly intermittent, sharp, shooting in character, severe enough to prevent him from working, yet he had not applied for any medical treatment. Six weeks before he had returned from a trip to Antwerp, having worked his passage over as a sailor, and back as a stoker.

"As he lived in a malarious section of the city, I put him on quinine, and ordered him to report at my office in a few days; but on the following day I was called in great haste, and found him pale, remarkably cool and clammy over the entire body, with feeble pulse and violent pain in the præcordial region (severer, he said, than anything he had ever suffered in his life before), shooting to the left shoulder and down to the elbow; also great burning in his stomach. It had come on suddenly while at stool, at nine o'clock in the morning. Stimulants were given freely, heat and mustard-poultices applied externally, and the pillows removed from under his head. He rallied a little, and was more comfortable up to six o'clock in the evening, when the pain again increased in violence; he had to be supported in the

semi-erect posture, and he continued in great agony until his death, at three o'clock the next morning.

"*Post-mortem examination*, fifty-eight hours after death. Rigor mortis well marked. In the thorax nothing abnormal was found, but on opening the abdomen an immense clot of blood was discovered, hiding all the viscera, and reaching from the diaphragm into the pelvis. All the organs were normal, except some enlargement of the kidneys. The cause of the hemorrhage was found to be a ruptured aneurism, the size of an orange, connected with the front part of the abdominal aorta, just above the origin of the celiac axis: it was injured in exposing it, so that the size of the rent could not be determined. The great omentum was distended with blood, and hung down like a bag in front of the intestines. It was uninjured, and we concluded that after the blood had broken into and filled the cavity of the great omentum, it had flowed through the foramen of Winslow into the general peritoneal cavity so slowly as to prolong life for a number of hours."

Dr. JOHN GUITÉRAS asked whether there was caries of the vertebræ, because the pains described generally occur when there is caries. He was reminded of a case where the pains were so severe that preparations were made for section of the anterior crural nerve, when a pulsating tumor in the back was discovered to be the cause of what was thought to be simply a neuralgic affection. The autopsy revealed a large aneurism, with extensive disease of the vertebræ.

Dr. GRAHAM replied that there was no caries.

#### *Cancer of the liver.*

Dr. O. H. ALLIS presented the specimen, and read the following report from Dr. MIXSELL, of Easton, Pennsylvania:

"P. R., aged 50, hotel-keeper, sedentary habits. I was called to see him January, 1875. He had then been sick one month. The pulse was found normal, tongue clean, and bowels regular; urine markedly albuminous. There was œdema of the extremities, with serous accumulation in the serous sacs, three pints of turbid serum being drawn from the abdominal cavity. Death occurred in April, possibly from starvation.

"*Autopsy.*—The liver was enormously enlarged; the heart, lungs, and stomach were displaced, and the peritoneal cavity filled with pus and serum.

#### *Fracture of the skull.*

Dr. W. S. FORBES presented the specimen, and furnished the following history:

"James McG., aged 22 years, was admitted to the surgical ward of the Episcopal Hospital on the 16th of April. He walked to the hospital from his home, several squares distant. He had been in the dispensary of the hospital three days before, and stated that in a fight he had received a blow on the side of his head with a stick. He was advised to come into the house at once, but he declined doing so.

"When he entered on the evening of the 16th, he was found to have a compound fracture, with slight depression, at the anterior inferior angle of the left parietal bone. During the evening he was dull and stupid, but could be aroused when urged; and, while he could not pronounce his name, he could write it on a slate, and answer intelligently in monosyllables. He was given a purge, and a pledget of lint placed over his wound, with directions to be kept quiet in bed.

"When I saw him, for the first time, on the morning of the 17th, four days after the accident had taken place and some fourteen hours after he had entered the house, there were no symptoms of depression, and he was perfectly rational.

"He was ordered one-fourth of a grain of calomel every four hours, counter-irritation to the nape of his

neck, dry cold to the top of his head, and the wound to be dressed with wet lint covered with oiled silk, and low diet to be given. Under this treatment he continued to remain very well.

"On the morning of the 23d there was a very slight expression of facial paralysis on the left lower side of the jaw and corner of the mouth. One-fourth of a grain of opium was added to the calomel.

"On the morning of the 25th his condition was all that could be desired under the circumstances. Normal pus came from the wound, moderate in quantity; he had no pain, his skin and pulse in good condition. Early on the morning of the 26th there was a sudden change for the worse. The respiration became stertorous, the pulse rapidly rose to 154, and intermittent in a marked degree, a red, frothy matter flowed freely from the right nostril, coma set in, he became cyanosed, and died on the morning of the 26th, about ten o'clock, thirteen days after his accident.

"An examination was made twenty-six hours after death. The membranes of the brain were somewhat congested; there was a depressed, stellated fracture beneath the external wound; the external table of the bone was found extensively fractured, and more depressed than the external lobe, but there was no unusual expression of inflammatory action in the neighborhood of the fracture.

"The left ventricle was filled with serum and some pus. There was a large abscess in the posterior part of the right cerebral hemisphere."

*Compound fracture of skull, multiple fractures of vertebrae and ribs, laceration of spinal cord.*

Dr. JOHN ASHHURST, JR., reported this case, from notes furnished by Dr. J. C. MERRILL. The patient, a man 22 years of age, was brought to the Episcopal Hospital on the morning of May 3, 1875. About one hour before he had jumped from a train of cars while in motion, striking the parapet of a bridge, and thence falling head-foremost to the ground below. On admission, a small contused wound was found in the scalp, and the latter was separated from the skull over a considerable distance, but no fracture could be detected by the finger. There were slight symptoms of cerebral concussion. Between the scapulae there was a very severe contusion, with extensive ecchymosis, and a general rounded projection of the spines of the upper dorsal vertebrae. There was complete paraplegia, the loss of sensibility reaching to an inch below the nipple on either side. The temperature of the paralyzed parts seemed abnormally high to the hand, but was not tested with the thermometer. There was retention, with partial suppression of urine, but no priapism.

The patient survived about twenty-six hours, having become comatose a short time before death.

An autopsy, which was unavoidably hurried, was made thirty hours after death, and revealed an extensive stellate fracture of the left parietal bone, with slight depression of the outer and greater depression of the inner table. The meninges were congested, but not lacerated, and the brain was normal. There were comminuted and partially impacted fractures of the bodies of the fourth, fifth, sixth, seventh, and eighth dorsal vertebrae, with fractures of the heads of the corresponding ribs on either side. The fourth dorsal vertebra was displaced towards the right, and at a point corresponding to the junction of the third and fourth vertebrae the spinal cord was almost completely severed, its continuity being maintained by means of a mere shred on the right side. The spinal meninges were much congested, and a spicula of bone was found in the substance of the cord. The vertebral canal contained a large quantity of fluid blood. The other organs of the body were not examined.

*Cystic mammary tumor.*

Dr. ASHHURST also exhibited a large mammary tumor removed a few hours before from an unmarried woman, aged 51. The tumor had originated two years ago, beginning as a small, hard nodule. Very little pain had attended the growth of the mass, which was chiefly annoying from its size and weight. Some portions appeared to be of almost cartilaginous hardness, while in other parts large cysts had been developed, and one of these had ulcerated, discharging a large quantity of sero-sanguineous fluid, and then healing. The tumor was not adherent, and though at the operation it was found to extend around the edge of and to send a prolongation beneath the pectoral muscle, it did not at all infiltrate the adjoining tissues. The tumor appeared to be entirely surrounded with a distinct capsule, the solid portions being of firm, fibrous consistence, and the cyst containing a thin serous fluid together with a considerable quantity of a brownish, honey-like substance.

The specimen was referred to the Committee on Morbid Growths, which reported, May 27, 1875, as follows:

"The Committee on Morbid Growths have examined the large mammary cystic tumor presented by Dr. Ashhurst, and find that certain portions of the cyst-wall presented small secondary cystic formations, which were of an irregular roundish shape. These cavities are lined with a cylindrical epithelium, but, instead of being perfectly smooth, have numerous in-growing papillary projections, giving to the transverse sections a peculiar racemose appearance.

"These cysts have originated from dilatation of the lacteal glands and ducts. They are surrounded by an eminently sarcomatous tissue, presenting in alternating preponderance rounding and fusiform cells. The active proliferation of this sarcomatous tissue has caused it to invade the lumen of the lacteal tubes at points completely occluding them, and thus leading to their cystic distention.

"The growth, therefore, may be pronounced a *cystic sarcoma*, comparatively rare in this site of the body, yet warranting a much more favorable prognosis than can be made in the carcinomatous varieties."

*Excision of the knee-joint.*

Dr. ASHHURST also exhibited the portions of bone removed in a case of excision of the knee-joint, performed for gelatinous arthritis of one year's duration, in a boy six years old.

## REVIEWS AND BOOK NOTICES.

A MANUAL OF DIET IN HEALTH AND DISEASE. By THOMAS KING CHAMBERS. H. C. Lea, Philadelphia, 1875.

This is certainly a most excellent book; avoiding much useless lumber that is common to works of its class, and containing a great deal of valuable information, imparted in a very lively and interesting manner. It is divided into three parts, General Dietetics, Special Dietetics of Health, and Dietetics in Sickness. As we read that part of the first section which treats of the choice and preparation of food, our heart, or rather stomach, longed to dine with Dr. Chambers; but no!—just as we have often found that those who write most strongly against the prevention of conception have the smallest families (probably by a special dispensation of Providence), it may be that our friend's book is better than his dinners. Still, we would like an opportunity of testing the matter.

The second part discusses the proper feeding for



various stations and occupations of life, training, effects of climate, starvation, poverty, etc., and is really very entertaining. The hints to travellers are most timely and practical. Dr. Chambers must have well used his vacations. The chapter on alcohol, whilst we are inclined to commend its defence of the moderate use of the "poison," is the weakest thing in the book; indeed, in its science it is as weak as a homœopathic dilution, and betrays a singular ignorance or an equally singular ignoring of the work of every one besides that of Dr. Chambers.

The section on the dietetics of disease is good, and contains a number of recipes which render it of great value. So far as concerns the work of the publisher, the volume stands on the well-known level of Mr. Lea's books.

### SELECTIONS.

**PAGET ON GOUT IN SOME OF ITS SURGICAL RELATIONS.**—In a course of four clinical lectures published (in abstract) in the *British Medical Journal* for May 15, 22, 29, and June 5, Sir James Paget, after observing that gout is rather found in its typical forms in private than consulting practice, stated that in the latter it has been more carefully studied. There is a large number of comparatively trivial diseases which belong to the gouty constitution, and which commonly pass under the name of incomplete, anomalous, or suppressed gout. Also gout affects the consequences of injuries and diseases other than itself. It is very rare for the offspring of well-marked gouty parentage to pass the middle or elder periods of life without manifesting some degree of the gouty constitution. Gout, too, is greatly modified when it is mingled with other constitutions,—with the scrofulous, the tuberculous, the cancerous, or any other. One of the commonest methods of developing manifestations of the presence of gouty tendencies is an injury. A person with a gouty constitution has a fall or other injury, and in a few days there comes a fit of gout. In such cases there has been a condition so justly balanced that so long as the right nutrition of the several textures is not interfered with they hold their usual course, but that when anything occurs to interrupt the process of nutrition, which makes the various textures feebler, or which tends to bring out any degeneracy, then comes out the special form of disease; for what happens with the gouty occurs also with most other constitutional conditions. As a blow on the breast elicits cancer, so an injury of any kind may bring out gout. If a person with gout about him strike his foot, the gout will appear there; if he wrench his wrist, the attack will come in his wrist. Still more is this likely to occur in rheumatic gout than pure gout. Blows to the hip-joint in such persons are very liable to produce gouty arthritis of that joint. Arnica used externally is apt to produce an erysipelatous condition of the skin in the gouty. Gout, too, modifies many common inflammatory processes; as, for instance, gouty bronchitis, gouty periostitis; and it is of importance to be able to recognize the gouty characteristics in such inflammations. Such gouty tendencies have a tendency to paroxysmal manifestations. The remote consequences of gout after injuries deserve to be carefully noticed. Such persons as are gouty recover more slowly and less perfectly from injuries than others; and in cases where injured parts remain painful, or there is abiding stiffness, gout should be suspected, especially in persons of advanced life.

Gout is sometimes mingled with scrofula. Such is the case in children one of whose parents was markedly gouty, the other markedly scrofulous; and in such pa-

tients inflammation which commences as gout may drift into true scrofulous inflammation. Such cases are very important, and the altering features of the case should be carefully noted and the treatment modified accordingly. Instead of passive movement and shampooing, splints and rest become indicated. Even older persons than children may present such changes. A case occurred lately, in which a person who had long been gouty, and whose tissues were degenerate, was at length attacked with scrofula, which he had escaped in early life. Blended gout and scrofula form a very bad inheritance. Gout, too, exercises an influence upon gonorrhœa and the progress of syphilis. Gouty persons with gonorrhœa are liable to attacks of inflammation in the joints or the sclerotic. Gout mingles, too, with syphilis, especially in its secondary and tertiary manifestations.

Syphilis in a person with blended scrofula and gout will produce a very different series of events from those which the same poison will produce in a perfectly healthy person. Such modifications have been too little studied in connection with syphilis. It might, for instance, be doubted whether syphilis ever produced destructive ulceration of the nose, except in those who were either tuberculous or scrofulous. Again, that form of chronic synovitis that was associated with tertiary syphilis was generally seen only in the gouty. Mercury must be cautiously administered in cases of mixed syphilis and scrofula. For syphilis mixed with gout, iodide of potassium with alkaline waters forms the best line of treatment. Cancer in the gouty is unusually painful, and potash often relieves the pain very effectually.

The minor signs of gout in the hands and feet were next considered. It will not do to build a diagnosis of gout upon any one of these minor ailments alone: the diagnosis must rest upon a number of the smaller features of the case carefully collected and fitted together. If many be found together, or in quick sequence, the diagnosis is almost as certain as if well-marked gouty inflammation of the great toe were found. A very large proportion of the first attacks of complete gout occur in the toe or foot. Less complete forms are common, as darting pains in the toes or knuckles after errors in diet. Still more suggestive is it if the pains be in the heel or tendo Achillis. In the examination of elderly persons, it is quite as necessary to examine their knuckles as their tongue. Gouty hands often look as if they were shortened, especially in the fingers. There are the true globular, rounded, and hot, gouty joints, and also the flattened form of more chronic changes. The palmar fascia is very apt to become affected. A number of old people are seen with their fingers drawn down to the palm, and especially their little finger. If they live long enough, all the fingers may become so affected, the index-finger being least so. Any man who is in the habit of grasping tools tightly is liable to such change in the palmar fascia. Men engaged in lock- and key-making, wire-drawing, etc., are very subject to this condition. Gardeners, and persons who use walking-sticks much, and more so if the sticks be badly shaped, are similarly affected. Such thickenings must not be confounded with the scars of old abscesses or injuries. In gouty cases, the integuments adhere firmly to the palmar fascia. Similar affections may occur in the foot, and often are very troublesome, requiring the boots to be frequently changed.

For the treatment of affections of the fingers and toes, gentle compression, aided by wet linen and oiled silk, is good, and may be continued for the relief of the resultant thickening in the form of a firm bandage. In contraction of the palmar fascia, stretching the hand out on the table several times a day is good.

When the fingers are drawn down, little can be done,

and section of the tendons, if giving temporary relief, is apt to produce greater contraction ere long. Operative treatment will generally lead to a worse state of things than existed ere it was resorted to.

Gout is very liable to affect the nervous system, the sensory rather than the motor nerves, however. It produces intense pain oftener than cramp. This is shown in the intense painfulness of an ordinary gouty attack, a painfulness out of all proportion to the other phenomena of the inflammatory attack, and especially disproportionate to the structural changes in the part attacked. Neuralgiæ, as sciatica and brachial neuralgia, are very common in gouty persons. Various shifting neuralgia in a person of or over middle age should always excite a suspicion of gout. Gouty neuralgiæ are more fitful, more quickly and readily affected by indigestion, errors of diet, and other similar influences, than other neuralgiæ. Then there are some morbid sensations of the skin, even more suggestive of gout. Such are (1) burnings in portions of the skin—hot, burning patches in the thighs, or other parts, as the palms or soles; these sensations, however, are not limited to any particular localities of the skin. The affected portions of skin look healthy, or only slightly flushed; and though the patient complains much of the pain, as burning or scalding, no organic changes appear to ensue. (2) Numbness or tingling of a limb, or of any portion of one—the feeling as if the part was asleep—are also gouty indications, and they may exist for months or years. Such feelings cause great distress in nervous persons, who are afraid that they foretell paralysis or other serious trouble. Paralysis, of course, may be so preceded; the fears in the majority of cases, however, are groundless. Gout should be carefully looked for if these sensations be of long duration in persons whose nutrition is good, and if there be no change of temperature or wasting.

In the hypochondriacal and the hysterical, gout may supply morbid sensations, to which the mental state is only too ready to give color and intensity. The pain itself is real, but those patients aggravate it by errors both of observation and judgment: of observation, because they study it with a morbidly close attention; of judgment, because they assign wrong causes for its presence. Probably there is no special connection betwixt gout and hypochondriasis, but they mutually aggravate each other, and cause much misery which it is often difficult to cure, or, indeed, even to relieve.

Cramps and sudden "catches" in over-action are also found in connection with gout; and in some persons they are, at certain times, almost sure to follow any sustained or awkward movement.

The relations of gout to the urinary organs may be traced in its relations to the lithic acid diathesis. Among elderly persons, a large proportion of cases of lithic acid calculi, and lithic acid gravel, are in those who bear marks of gout; a fact which justifies the assumption that gouty attacks are intimately connected with, if not possibly due to, an imperfect elimination of lithic acid by the kidneys. The appearance of lithic acid or of lithates in the urine is suggestive of gout. Acute inflammation of the mucous membrane of the bladder, with pain and distress, chiefly before micturition, extending to the perineum, rectum, and suprapubic region, and with burning sensations in the urethra, is associated with gout. With these general signs there are more special ones, as the nocturnal occurrence, or dyspepsia, the suddenness of the attack, its sudden subsidence, its relapse, or its metastatic character. Gouty orchitis is not uncommon, and is frequently followed by the presence of fluid in the cavity of the tunica vaginalis. It is prone to relapse; it passes from one testis to the other, and also comes on suddenly. Gout affects the course of urethritis; and in gleet in the

gouty, relapses are apt to follow errors in diet or in drinking. The gouty urethritis is found where there has been no infection, and is itself free from infectiousness. Prostatic disease or enlargement is very frequent in the gouty; so, also, are alterations in the penis. There are fibrous thickening and hardening of the corpus cavernosum, and the changes are similar to those of the palmar fascia described above. The affection is chronic, but harmless. Painful and persistent erections at night are also found most commonly in the gouty, especially in the incomplete forms and with excess of lithates. Bromide of potassium or ammonium is here very useful.

Gout, too, affects the skin, in the form of psoriasis, eczema, urticaria, prurigo, pruritus, etc. The relation is not to be found in any anatomical features, or in any peculiarity of appearance. In such cases the patient's constitution is more important than the anatomical characters of the local disease. For example, if eczema be found in a patient who has had regular gout, there must be a strong suspicion that the eruption depends upon gout, and the case must be treated in this view. Such treatment is as much called for here as in the case of inflammation of a joint in one known to be gouty. The sudden appearance, especially at night, the connection with indigestion or unusual diet, point to the origin. The old rule that such patients should have nothing salt, strong, sweet, or sour, is a good one. The classification of skin-diseases, grown so minute of late, founded mainly on an anatomical basis, leaves out too much the constitutional conditions with which the disease is associated, which is of paramount importance. Ulcers, too, are common in the gouty, especially the eczematous ulcer about the ankle. This is an eczema of which some portion is the seat of thin, shallow ulceration. There is much severe pain, especially on lying down and in bed. In the warmth and quietude of bed the pain becomes agonizing. Such ulcers are commonly associated with varicose veins; not the large tortuous veins, but small clusters of veins, often of bright hue, collected round the ankle or some portion of the leg. Some think the varicose veins the cause of the ulcer, but this view is a fallacy. Incomplete gout is the cause, and the presence of varicose veins is only a coincidence.

Gouty affections of the digestive organs were next referred to. Many persons can foretell the oncome of gout by the appearance of their tongue. Psoriasis of the tongue is also a gouty affection. It is difficult to distinguish this affection from syphilitic psoriasis, and the diagnosis rests on the general environment. There is thin, opaque, white covering over the mucous membrane, like the layer of mucus left by the snail when tracking its way over wood. Diseases of the palate and pharynx are also among the list of gouty affections; and elongated uvula in elderly persons is very suggestive. The gouty dyspeptic is troubled with acidity and flatulence, is easily disturbed by errors of diet, and has "bilious" headache. Often the dyspepsia so induced is accompanied by burning in the knuckles, or in the palms and soles, or by some neuralgia in the scalp. The ready disturbance caused by certain articles of diet in those persons forms a capital diagnostic indication. Gout affects the circulation, and surgically is most seen in gouty phlebitis. It is, perhaps, one of the most frequent of the forms of irregular gout.

Gout, indeed, Sir James Paget remarked, mixes itself with whatever malady is present in the patient. Of course the treatment of a gouty man is different according as it is blended with scrofula or syphilis or occurs in the nervous or the healthy. Colchicum often is useful. There are three things that have to be considered for all gouty persons. First, they should drink an extra quantity of water, especially in the early

morning, before any food is taken. Secondly, those who have lithic acid or lithates in excess should take alkaline instead of pure water. Many waters, as Carlsbad and Vichy, are very useful; and those that are purgative as well as alkaline may be employed when the bowels are confined. Often the skin needs good washings with soap, and thorough rubbing as well as mere warm baths. It is a good plan to adopt the German practice of going to bed for a while after the bath. If English baths were worked with the same care in this respect as is the case abroad, more good would result from them.

In conclusion, he said that what was in his mind was chiefly this: first, the broad general rule that disease is not to be studied as if it could be learned by morbid anatomy alone; and next, that amidst the forms of constitution to be studied in surgery, the gout is an important one, and that it has not only complete and typical forms, but also minor characters, which, if occurring in any number in the same person, or in different members of the same family, might be as sure evidence of gout as the most typical inflammation of hand or toe, and that the gouty element is important in the matter of treatment.—*J. Milner Fothergill, M.D., in The London Medical Record.*

**GALLOPING MALIGNANT SYPHILIS.**—The presence of two patients in the wards of St. Louis Hospital was the occasion of a clinical lecture on the above malady by Dr. E. Guibout, a full report of which is contained in *L'Union Médicale* of May 25 and 27, 1875.

In contrast with the usual history of syphilis, the secondary and tertiary lesions slowly developing themselves, the two patients under consideration, only six weeks after the appearance of the chancre, were terribly disfigured, and rendered hideous and repulsive, by the enormous black and sanious crusts which covered the greater part of the scalp, face, trunk, and limbs. There were very numerous and very large ulcerations, and from beneath and across the crusts which covered them there flowed incessantly a disgusting mixture of pus and blood. The countenances were pale and thin, eyes lack-lustre, the lips dry, and there was the profound and indefinable expression characteristic of the disease. There was also intense fever, prostration, diminution of vital forces, loss of appetite and of sleep; in short, a general and very severe disturbance of all the physiological functions. In consideration of the phenomena presented by these cases, so different from those usually shown in syphilis, the titles *malignant* and *galloping* have been applied: *malignant* because of the gravity of the cutaneous lesions and of the general condition of the patient; *galloping*, because of the rapidity of the invasion, development, and progress of the local and general lesions.

The form of syphilis under discussion may present itself at two different epochs. It is sometimes *precocious* (*précoce*) or *primitive*, sometimes *tardy* or *consecutive*. The precocious or primitive form occurs when it is the first of the general lesions of syphilis, when it succeeds, with scarcely any delay, the infecting chancre. Such was the form as it appeared in the two cases forming the subject for the lecture. Coming on only six weeks after the infecting chancre, and without the appearance of any other lesion of the skin, there were developed on the head, trunk, and limbs the ulcerations and the crusts of rupia of the gravest form, accompanied with excessive disturbance of the health.

At other times the form is *tardy* or *consecutive*. Suddenly, and with alarming characteristics, it supervenes at a late stage of the syphilitic career, after the ordinary constitutional phenomena. There comes over the patient at the same time a change so rapid, profound, and marked that it is impossible not to see something serious is in store.

When we come to consider the cause of the invasion of malignant syphilis, it is found that the late form, that is, that which accompanies the ordinary early cutaneous lesions, or is consecutive to them, is due to the want of proper treatment, to bad hygiene, or to a deterioration of the general health of the patient in consequence of fatigue or of various excesses. The same causes hold good for the precocious, galloping, malignant syphilis. The primary manifestations of syphilis may be malignant if the patient's constitution is poor and his surroundings unfavorable to a healthy hygienic condition.

If the prognosis of syphilis in its most common and benign form is always unfavorable, much more so will it be in the malignant variety.

Its treatment presents great difficulties, and requires all that medical skill and clinical science can command. One needs to consider not only the disease, but even more, perhaps, the patient. Great caution is necessary about prescribing the specifics,—mercury and iodide of potassium. Doubtless these remedies are indicated by the disease, but they are contra-indicated by the state of the patient. In an intensely febrile state, with gastro-intestinal troubles, they would not be tolerated; they would only aggravate the accidents. Above all, the patient must be placed in the best hygienic conditions possible. He should have as much sunlight and out-of-door life as he can endure and the temperature will admit of, together with tonics, opiates, and a generous diet. Later, for the ulcerations and tertiary lesions, the specifics in small doses may be employed.—*Boston Medical and Surgical Journal.*

## GLEANINGS FROM OUR EXCHANGES.

**ATRESIA UTERI** (*Transactions of Ninth Annual Meeting of the Medical Association of the State of Missouri*).

—Dr. Todd reported the case of a young married lady 20 years of age, who had been troubled with dysmenorrhœa ever since reaching the age of puberty, and had never been pregnant. For relief of stricture of the cervical canal, and possibly of ante flexion, she had twice, during the last two years, been subjected to operations in one of our Eastern cities. At the first operation the intra-vaginal cervix had been bisected, and the cervical canal incised. For some reason a second incision of the cervix was performed six months after the first operation. After the second operation she menstruated once, without pain and freely; then a second period passed, painful with scanty secretion, and at the next two succeeding menstrual periods there was no effort at menstruation whatever.

At this period in the history of the case Dr. Todd saw the patient. Three attempts were made, with the aid of a strong light, the womb being dragged down almost to the vulva, without discovering any remaining trace of the cervical canal, except the slight indentation where the os externum should have been. The womb was again dragged down forcibly, restoring any possible deflexion of the axis and enabling the operator the better to guide the bistoury in the axial line of the organ. Partly with a narrow-bladed bistoury, and partly with a strong steel probe, an opening was made into the uterine cavity, which was afterwards widened with the hysterotome. A probe was passed to the fundus, showing a depth of one and a half inches, and indicating a small uterus. Tents of soft linen smeared with glycerin were passed daily for a week, after which one of Chambers's uterine stems was passed, and was still being worn. Two menstrual periods had since elapsed, attended with abundant



and painless flow. The stem will be worn until there is no further tendency to contract.

**DIVISION OF THE TENDO ACHILLIS IN CERTAIN INJURIES ABOUT THE ANKLE** (*Boston Medical and Surgical Journal*, May 27, 1875).—Dr. S. Say reports the case of a laborer, æt. 45, who fell from a step two or three feet high, striking on the pavement on the left side. He was found to have fracture of the left fibula, an inch and a half from the lower extremity. The symptoms were crepitus, increased mobility, and local tenderness. The foot was dislocated on the tibia backwards and outwards, as was indicated by the undue prominence of the heel behind, of the lower end of the tibia in front, and by the inability to flex the foot to a right angle. The internal lateral ligament was partially ruptured, giving a deformity not unlike that seen in equino-valgus. The leg was placed in a fracture-box, but all efforts to remove either the lateral or antero-posterior deformity were unsuccessful. On the fifth day the patient was etherized, and renewed but unsuccessful efforts were made to remove the deformity. The tendo Achillis was divided, and the foot restored to its natural position. The leg was replaced in the fracture-box, the foot kept at a right angle to the leg by a foot-piece, and the lateral deformity removed by side-pads. The subsequent treatment gave very little trouble. The straps and pads required adjusting only once in two or three days, instead of two or three times a day, as before the tenotomy. The patient suffered no pain whatever after the operation. He was discharged five weeks after the injury, when he could walk with a cane, and had only a slight limp. Four months after the injury he reported himself quite well. There is no reason to fear a non-union of the divided tendon, for an ununited tendo Achillis is almost an unheard-of event.

**RESIN OF ALOES** (*Edinburgh Medical Journal*, June, 1875).—Dr. William Craig has found, by a series of experiments upon man and the lower animals, that the following conclusions are fairly deducible:

1. That aloes may, by exposure to the air, undergo considerable chemical change without losing its physiological action as an active aperient.
2. That the resin of aloes, when thoroughly exhausted of aloin, possesses no purgative properties, and therefore cannot be the active principle of aloes.
3. That the resin of aloes is not the cause of the griping which sometimes follows the administration of the drug.
4. That aloin is an active aperient, and is, in all likelihood, the active principle of aloes; and is sufficient to account for all the purgative properties of that medicine.

Aloin possesses several advantages over the crude drug. Being uniform in strength, its dose can be more accurately determined; its dose being half a grain to one grain, it can easily be introduced into tonic pills without making such pills too large. By using it we get rid of all impurities which are so apt to cause griping.

The following is an excellent pill for the constipation so common to females of a sedentary habit:

R Aloin, gr. ss;  
Ferri sulph. exsic., gr. iss;  
Ext. nucis vom., gr. ss;  
Ext. belladonnæ, gr. ss.

Ft. pil. One or two pills daily.

**SUCCESSFUL CASE OF TRANSFUSION** (*The Lancet*, June 19, 1875).—A lady, æt. 40, after having had several miscarriages, sailed from New York for France, at a time when she was far gone in pregnancy. She was confined on board the vessel, had considerable hemorrhage, but nursed her child, and succeeded in reaching Paris. There she had severe loss of blood, and was

conveyed to the Maison Municipale de Santé, where the hemorrhagic attacks became more frequent, and she became fearfully anæmic in spite of ergot, brandy, and bark. At last she was so reduced, and the loss of blood so frequent, that plugging, compression of the aorta, and binding up of the limbs were practised; but all to no purpose. Finally transfusion was performed, the blood being obtained from a young ward attendant, in good health, who kindly volunteered his services. About six ounces were thrown into the patient's median cephalic, with a little loss, by means of Matthieu's apparatus. For about thirteen days the greatest care was taken of the patient, and the pulse, temperature, and the proportion of globules were carefully noted. She gradually recovered, and left the hospital six weeks after admission, and thirty-six days after the transfusion, which had been effected with *undefibrinated* blood.

**TREATMENT OF OZÆNA** (*The Lancet*, June 19, 1875).—In the second number of the new Paris bi-monthly periodical devoted to diseases of the ear and larynx, M. Tillot discusses the subject of chronic rhinitis and its treatment. He justly says that in this respect therapeutics has not kept up with improved means of diagnosis of the condition of the whole nasal tract by means of specula and the laryngoscopic mirror. The method, however, which he pursues, and with a considerable degree of success, is simply as follows: 1, medication directed against the diathetic state of the patient; 2, free cleansing of the mucous membrane from all crusts of inspissated secretion; and 3, direct applications to the membrane. The third object is obtained by means of slightly astringent powders or by the administration of these substances suspended in water and used in the spray-producer. M. Tillot has used for that purpose the mineral water of St. Christian (Basses-Pyrénées), which is a nearly cold, odorless, tasteless water, containing iron and copper, with some traces of iodine and arsenic. He appends several cases both of simple chronic rhinitis and of ozæna, in which the adoption of this plan has led to considerable relief, and often cure. The hint of employing the "spray-producer" is one worth bearing in mind.

**OPIUM OR SALICIN IN DIARRHŒA** (*Detroit Review of Medicine and Pharmacy*, July, 1875).—Dr. J. C. Bishop, after discussing the physiological action of opium and salicin, and giving a number of cases occurring in his own practice, comes to the following conclusions:

- 1st. Salicin is perfectly harmless, even when administered to very young children; opium is not so.
- 2d. Salicin increases the appetite and promotes digestion; opium destroys the former and retards the latter.
- 3d. Salicin may be administered to the most delicate stomach without any ill sequences, while opium is absolutely contra-indicated in many persons, who possess a peculiar susceptibility to its action.
- 4th. Salicin has no appreciable effect upon the brain, while opium induces a hyperæmia of that organ.
- 5th. Salicin possesses valuable antiseptic properties, while opium, if it possesses any, does so in a very feeble degree.
- 6th. Salicin is an antiperiodic, while opium has no notable effects in that direction.
- 7th. Salicin prevents the putrefactive changes in the contents of the bowel; opium does not.

**CROUP AND DIPHTHERIA** (*The Lancet*, June 19, 1875).—Dr. Wm. Carr calls attention to the following case as aiding in establishing the proof that a primary fibrinous croup may exist which has nothing in common with diphtheria as an infectious disease, and which not uncommonly follows and is the sequence of a catarrh of the larynx.

A boy, suffering from measles, was admitted into the Charité, with laryngeal catarrh strongly developed, and

yet there was nothing to be seen in the throat beyond simple angina. The hoarseness, however, continued for some days, even after the diminution of fever. After four days' duration the temperature rose, and in a few hours croup was developed, for which tracheotomy was performed. From the aperture in the trachea a long plastic tube of membrane was drawn out. The canula was retained for ten days, and the child recovered. Such cases prove that true croup may be developed from a catarrh; but it must be confessed that at the present time cases of true croup compared with those of infectious diphtheria are of rare occurrence.

**PATHOGNOMONIC SIGN OF LUXATION OF THE HUMERUS.**—Professor Dugas, some years ago, described in the American Medical Association a new method of diagnosis in luxation of the shoulder-joint. The subject has been recently revived in the *Nashville Medical Journal*, which gives the following description: "If the fingers of the injured limb can be placed by the patient or by the surgeon upon the sound shoulder while the elbow touches the thorax, *there can be no dislocation*; and if this cannot be done, there *must* be a dislocation. In other words, it is *physically impossible* to bring the elbow in contact with the sternum or front of the thorax if there be a dislocation; and the inability to do this is *proof positive* of the existence of dislocation, inasmuch as no other injury of the shoulder-joint can induce this inability."

### MISCELLANY.

**PHOSPHORUS-POISONING.**—Some interesting experiments have recently been made by MM. Thiernesse and Casse on the value of injections of oxygen into the veins as an antidote to phosphorus-poisoning, and they found that its power of neutralizing the toxic effect was very great, the symptoms of poisoning soon ceasing. The poison was in some cases injected into the veins, dissolved in oil, in others administered by the mouth. The oxygen was at first injected dissolved in defibrinated blood, but it was found that the quantity of oxygen that could be introduced in that way was insufficient to counteract the poison. The injection into the veins of pure oxygen, however, was perfectly successful. The experimenters found it necessary that the gas should be pure, free from all admixture with air, and that it was requisite to introduce it slowly into the circulating current. The quantity necessarily was large, several hundred cubic centimetres being required for an animal weighing twenty pounds. The precise apparatus employed is not described.—*London Lancet*.

**LOW TEMPERATURE FROM EXCESSIVE DRINK.**—Dr. Shattuck (*Boston Medical Journal*) reports the case of a man who at one time drank *three champagne bottles full of brandy*; how much more is not known. Twenty-four hours after this spree he was found comatose in a freight-car. The temperature, taken in axilla and rectum, by at least two thermometers, was 76° Fahrenheit. Twelve hours afterwards it had come up to 91° Fahrenheit. He entirely recovered.—*Detroit Review of Medicine*.

**A CHARITABLE WISH.**—Dr. Grabham, in a lately published pamphlet on the "Origin, Varieties, and Terminations of Idiocy," relates that one of his lady

correspondents, the mother of a patient, writes to him that "her late husband used to say that there was no such place as hell, but she hopes now he has found out his mistake."

It is stated that nearly all the men selected for the British Arctic Expedition are of a fair complexion. Scoresby's test was an ingenious and probably a good one. Each candidate was obliged to stand with his bare feet upon a cube of ice, and those who endured longest were chosen.

**WARTS.**—Dr. Guttceit recommends rubbing warts night and morning with a moistened piece of muriate of ammonia. They soften and dwindle away, leaving no such white mark as follows their dispersion with lunar caustic.—*Eclectic Medical Journal*.

By a vote of 138 to 27, the English House of Commons recently granted two thousand pounds sterling for medical researches. When will our Congress grant the first cent?

### OFFICIAL LIST

OF CHANGES OF STATIONS AND DUTIES OF OFFICERS OF THE MEDICAL DEPARTMENT U.S. ARMY, FROM JULY 6, 1875, TO JULY 12, 1875, INCLUSIVE.

HEAD, J. F., SURGEON and MEDICAL DIRECTOR.—Leave of absence extended twenty-five days. S. O. 21, Military Division of the South, July 8, 1875.

COOPER, GEO. E., SURGEON.—Granted leave of absence for one month and fifteen days, with permission to go beyond the limits of the Division. S. O. 79, Military Division of the Pacific, June 25, 1875.

STORROW, S. A., ASSISTANT-SURGEON.—Assigned to duty at Benicia Barracks, California. S. O. 63, Department of California, June 23, 1875.

MATTHEWS, W., ASSISTANT-SURGEON.—Assigned to duty at Alcatraz Island, California. S. O. 63, c. s., Department of California.

HALL, J. D., ASSISTANT-SURGEON.—Relieved from duty in the Department of Dakota, to report to the President of the Army Medical Board, New York City, for examination for promotion, and, at its conclusion, by letter to the Surgeon-General. S. O. 135, A. G. O., July 8, 1875.

The following promotions and appointments in the Army of the U. S., made by the President, are announced.

### APPOINTMENTS—MEDICAL DEPARTMENT.

To be Assistant-Surgeon, with the rank of First Lieutenant, to date from June 26, 1875.

BLAIR DARNEY TAYLOR, of New York.

CURTIS ETHELBERG PRICE, of California.

JAMES CHESTON WORTHINGTON, of Maryland.

HENRY STUART TURRILL, of New Mexico.

EDWARD TIFFIN COMEGYS, of Ohio.

WALTER REED, of Virginia.

HENRY SAYLES KILBOURNE, of Indian Territory.

JAMES CUSHING MERRILL, of Massachusetts.

WILLIAM RICHARDSON HALL, of Missouri.

RICHARDS BARNETT, of Mississippi.

GEORGE HENRY TORNEY, of Maryland.

LOUIS WILLIAM CRAMPTON, of Pennsylvania.

JOSEPH YATES PORTER, of Florida.

MARSHALL WILLIAM WOOD, of Illinois.

MARCUS ELVIN TAYLOR, of New York.

WILLIAM LANDS NEWLANDS, of California.

JOHN DE BARTH WALBACH GARDINER, of Maryland.

ROBERT E. SMITH, of Missouri.

WILLIAM CUMMINGS SHANNON, of New Hampshire.

GEORGE EDWIN LORD, of Maine.

LOUIS S. TESSON, of Missouri.

WILLIAM GARDINER SPENCER, of New York.

ROLAND LEE ROSSON, of Virginia.

G. O. 69, A. G. O., July 2, 1875.